


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1634253</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.</p>							
1. OGCC Operator Number: <u>100185</u>		4. Contact Name: <u>SHEILLA REED-HIGH</u>					
2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>		Phone: <u>(720) 876-3678</u>					
3. Address: <u>370 17TH ST STE 1700</u>		Fax: <u>(720) 876-4678</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202-56</u>					
5. API Number <u>05-014-20698-00</u>		6. County: <u>BROOMFIELD</u>					
7. Well Name: <u>STIPANOVICH</u>		Well Number: <u>8-2-27</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>27</u>	Township: <u>1N</u>	Range: <u>68W</u> Meridian: <u>6</u>				
9. Field Name: <u>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: _____		Date of First Production this formation: _____					
Perforations Top: <u>7676</u>	Bottom: <u>8570</u>	No. Holes: <u>268</u>	Hole size: _____				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
JSND-CDL-NBRR COMMINGLE SET CBP@7620', 01-13-11 DRILLED OUT CBP@ 7620', CFP @ 7990' AND 8200 TO COMMINGLE THE JSND-CDL-NBR. 01-14-11.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>12/25/2010</u>	Hours: <u>24</u>	Bbls oil: <u>68</u>	Mcf Gas: <u>126</u> Bbls H2O: <u>63</u>				
Calculated 24 hour rate:		Bbls oil: <u>65</u>	Mcf Gas: <u>126</u> Bbls H2O: <u>63</u> GOR: <u>1938</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>714</u>	Tubing PSI: <u>0</u>	Choke Size: _____				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1212</u>	API Gravity Oil: <u>52</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8546</u>	Tbg setting date: <u>01/14/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/15/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>8554</u>	Bottom: <u>8570</u>	No. Holes: <u>32</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;">J SAND COMPLETION FRAC'D THE J-SAND WITH 153,930 GAL 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,360# 20/40 SAND. 12-15-10</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____      GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/15/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7676</u>	Bottom: <u>8118</u>	No. Holes: <u>236</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;">CDL-NBRR COMPLETION SET CFP@8500', 12-15-10 FRAC'D THE CODELL WITH 108,780 GAL 22# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,120# 20/40 SNAD. 12-15-10 SET CFP@7990 12-15-10 FRAC'D THE NIOBRARA WITH 130,284 GALS 18# VISTAR HYBRID CROSS LINKED GEL CONTAINING 250,080# 20/40 SAND. 12-15/10</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____      GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: SHEILLA D REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 2/20/2011 Email SHEILLA.REEDHIGH@ENCANA.COM  
:

### **Attachment Check List**

Att Doc Num	Name
1634253	FORM 5A SUBMITTED
1634254	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)